Hospital	City / Town		County	Teaching Status [1] Fiscal Ye		d Number of Months Data	
hol Memorial Hospital Athol		Worcester	Nonteaching	09 / 30	12		
Financial Performance Indicators	FY01	FY02	FY03	FY04	FY05	MA Industry Median FY05	NorthEast US Median FY04 [2]
Profitability Operating Margin Non-Operating Margin Total Margin Operating Surplus (Loss)	2.15% 0.86% 3.01% \$289,927	2.43% 1.01% 3.44% \$359,701	4.05%	0.43% 3.65%	1.48% 0.86% 2.34% \$278,199	1.70% 1.25% 3.24%	not available
Total Surplus (Loss) Liquidity	\$405,546	\$509,429	·		\$439,304		
Current Ratio Days in Accounts Receivable Average Payment Period	1.22 45.66 54.31	1.27 43.24 50.67	56.48	70.92	1.86 61.68 38.06	1.58 41.79 51.91	49.17
Solvency/Capital Structure Debt Service Coverage (Total) [3] Cashflow to Total Debt [4] Equity Financing	5.53 36.38% 68.40%	10.48 34.66% 67.31%	46.12%	36.01%	12.28 29.43% 71.08%	3.23 17.53% 41.74%	16.38%
Other Total Net Assets Assets Whose Use is Limited Net Patient Service Revenue [5]	\$6,374,718 \$0 \$12,890,346	\$6,410,447 \$2,811,515 \$14,120,689	\$2,988,359	\$1,682,717	\$7,381,649 \$1,838,070 \$18,040,368	 	

FY05 filing based on hospital's audited financial statements

- Notes:
 [1] According to the Medicare Payment Advisory Commission (MEDPAC), a major teaching hospital is one with at least 25 FTE residents per 100 inpatient beds.
 [2] NE US Median data from The "2006 Almanac of Hospital Financial & Operating Indicators." The Center for Healthcare Industry Performance Studies (CHIPS)/St. Anthony/Medicode INGENIX.
 [3] Blank values indicate a facility with no current long term debt in the period covered.
 [4] Blank values indicate a facility with no long term debt net of current portion in the period covered.
 [5] Net Patient Service Revenue includes Premium Revenue.

Data Sources: FY01 data is drawn from DHCFP-403 Cost Report, Schedule 23. FY02 - FY05 data drawn from DHCFP annual filing.

CAVEATS: FY01 - FY02 data is unaudited but reviewed by the Division for consistency with the Audited Financial Statements. FY03-05 data is reconciled to Audited Financial Statements. DHCFP filings may not reflect all of the financial resources available to the hospital resources available through associations with foundations or parents/affiliates. Financial information must be interpreted within the context of other factors, including, but not limited to, management plans, reimbursement changes, market behavior, and other factors affecting performance.

Comments: Hospitals may also submit comments which further explain or clarify specific data items. Any such disclosures are shown below.